

SECRET
(When Filled In)

NAME CHECK, DOCUMENT SERVICE, AND PARTIAL CONSOLIDATION REQUEST

| | | | |
|---|---------|--------------------------------|---------------------------------------|
| RID CONTROL NO. (Filled in by RID) | | DATE (Subscribed by Requester) | |
| | | FEB 20 9 42 AM '61 | |
| FROM: (Requester's Name) ① T. McHale | ② DS | BRANCH FI/D | ROOM 2512 "L" EXTENSION 3661 |

| TO | ROOM | DATE | INITIALS | CHECKING INSTRUCTIONS |
|--------------|-------|---------|----------|-----------------------|
| RID/INDEX | 601-C | 2/20/61 | CD | <i>Rev Calf</i> |
| REQUESTER | FI/D | 2512 | C | <i>Wiley ready</i> |
| RID/FILES | | | | |
| REQUESTER | | | ③ | |
| RID/DRS | | | | |
| RID/201 | | | | |
| RID/ANALYSIS | | | | |
| RID/MIS | | | | |
| RID/INDEX | | | | |

| SUBJECT TO BE CHECKED | |
|--|---------------------------|
| SURNAME <i>N N</i> | GIVEN NAMES <i>N N</i> |
| LABE (or LABEX) Export-Import firm located in Milan, Italy | |
| SPELLING VARIATIONS | |
| AKA. ALIASES | |
| DATE AND PLACE OF BIRTH | |
| CITIZENSHIP | RESIDENCE |

*RETURN TO CIA
Background Use Only
Do Not Reproduce*

| RID/INDEX TO REQUESTER | COMMENTS |
|---|---|
| <input checked="" type="checkbox"/> NO PERTINENT IDENTIFIABLE INFORMATION | <i>RID/Archive reference - NPI/</i> |
| <input type="checkbox"/> CARD REFERENCES ATTACHED | |

BE SURE ALL SUBJECT INFORMATION IS CORRECT

- ① Type or print all entries.
- ② On receipt of index card reproductions: draw a green diagonal line across items you don't want RID to obtain for you.
- ③ Edit (use green) the Copyflo listing to reflect: (a) Cards to be destroyed (green D). Examples: referenced document has been destroyed; less informative than a retained card leading to the same information; referenced information not significant. (b) Corrections and additions, including oo when card reflects all facts in document. (c) OK all cards that are correct as typed.

Could this trace be consolidated into an existing or new 201 file? yes no. (If yes, complete the following - no other form required.)

| 201 PARTIAL CONSOLIDATION | | | | | |
|------------------------------------|-----------------------------|---|-------------------------------|-----------------------------|--------------------------------|
| 201 - | | (201 number will be supplied by RID. If new 201 number has been obtained by desk, note it in this space.) | | | |
| OTHER INTERESTED DESKS OR STATIONS | | | | | |
| CRYPTONYM ASSIGNED | FILE TO BE KEPT | ACCESS RESTRICTED | RESTRICTION (if any) | | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> RID | <input type="checkbox"/> DESK | <input type="checkbox"/> NO | <input type="checkbox"/> YES → |

ALWAYS RETURN THIS FORM WITH COPYFLO OF CARD REPRODUCTIONS. IF YOU HAVE REQUESTED A 201 PARTIAL CONSOLIDATION, ALSO RETURN PERTINENT DOCUMENTS.

DATE

SIGNATURE OF RECORDS OFFICER

118R